Coastwide Concrete Pumping Pty Ltd

ABN 16 149 728 370

Application Form

Instruction for Managers

- Form is to be given to applicants prior to an interview.
 Information used for the recruitment process only.
 Form shredded if not employing or filed on staff file.

Instruction for Applicant

- 1. Complete as part of your application.
- 2. Provide the form to the Manager or Staff Member.

For Your Information

The information within the Application will be used only for Recruitment Processes and will be distributed to the Manager. Applications will be kept confidential.

WOR	K REQUES	T INFORM	IATION - CONTACT	DETAILS
Surname:			First Names:	
Home Address			·	
Postal Address				
			Information	
Are you an Australian Citizen	YES	/ NO	Tax File No.	
Date of Birth				
Home Phone No.				
Mobile Phone No.				
Email Address:				
	I			
	Е	mergency	Contact Details	
Energency Contact			Relationship	
Home Phone:			Mobile Phone:	

Employment History Please list most recent positions first						
Dates - Start and End	Position Held	Organisation	Referee Position and contact no.			

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	Please provide detials of lice		
License rivers License	License No.	Expiry	Years Held
IR License			
B License			
H&S White/Green Card			
Manual Handling	3		
Safety at Heights			
Arround the Tracks Rail			
Arround the Tracks Rati			
Work within Powerlines			
	Banking and Supe	rfund Details	
Bank Name			
Branch			
BSB			
Account N O			
Superfund Name			
Member No.			
Capacity to Work Declaration	on		
Are you over the legal minimum working age?			Yes / No
Date of Birth (Junior Positions Only) / / Can you meet the requirements of start and finish times.			Yes / No
Due to Occupational Health and Sa		condition that will	Yes / No
cause you to be absent from the wo	orkplace for prolonged periods of til	ne and/or pose a	1007110
significant risk to others?			
f yes, state details:			
Do you have any condition that will,	in any way, hinder your current or	future ability to	Yes / No
perform the position for which you h	nave applied?	ľ	
f yes, state details:			
he Company may request a med	ical examination beforeoffering	employment or at any ti	me during employment.
pplicant Declaration			
certify that the information s	supplied in my resume and w	rithin this Employme	nt Application is true and correc
o the best of my knowledge.	I understand that false, mi	sleading or non-disc	losure of information may resu
n future disciplinary action in	cluding termination of emplo	yment. I authorise	for my referees to be contacted
lame:			
ignature:		Dat	e: